correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06547

6552

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Cecil	MARYLAND	state Maryland county All	egany
CITY (If outside corporate limits, write)	RURAL LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL	
OR and give nearest town) V TOWN Perry Point	(in this place)	OR	
. 0117 1 02110	9yrs.10mo.9day	STREET (If rural give location)	1-02-20
HOSPITAL OR INSTITUTION OR STREET ADDRESSVeterans Admi	nistration Hospit	ADDRESS	1
3. NAME OF (First)	(Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) JOHN		DEATH:	12 1955
5. SEX: 6. COLOR OR 7. SINGLE WIDOW (Specify)	ED. DIVORCED.	9. AGE last birthday Frunder 1 4-1891 9. AGE last birthday Months 1	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman	or industry: B&O Railroad	West Virginia 12.	COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
William	Frank Adams	Laura Jane Roye	
18. WAS DECEASED EVER IN U.S. ARMED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates of service) WW T	Unknown	Hospital Records, VAH, Perry P	oint, Md.
	18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		ONSET AND DEATH
0 25 X	(A) Cerebral he	morrhage	Approx.
IMMEDIATE CAUSE	DUE TO	mo11 nago	1 week
ANTECEDENT CAUSE (S)		air anduous acceptated with	T WOOK
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	()	ain syndrome associated with is (meningo-encephalitic type	unknown
3.32.44,4.40	(C)		
II OTHER SIGNIFICANT CONDITIONS CO			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING D			
	FINDINGS OF OPERATION	N	- AUTORGYA
0			YES NO PE
21A. ACCIDENT WAS UNDERLYING 2000 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	18. PLACE (Home, farm, fac F INJURY street, office bldg.,	tory, etc. 21c. WHERE DID (City or town) (Coun	(State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M.	While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that Kattended th	he deceased from 9-3	, 1945, to 7-12 , 1955 XXXXXXXXX	
		1:40aM, from the causes and on the date	
			-12-55
23. BURIAL, CHEMATION, DATE THERE REMOVAL (SPECIFY)	OF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, o	r county) (State)
DATE REC'D BY LOCAL REGISTRAR'		1 14, FUNERAL MEETINGS & LONG	ADDRESS
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Patterson & Son.



BUREAU V. S. SS61 - 7 70

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BUREAU V. S.

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 9

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	9
COUNTY COUNTY MARYLAND	STATE M. G. COUNTY LONG	ce e
OR and city nearest town.	OP	give nearest town)
XTOWN CHARLES WOOM 1911.	Town harlestown au	ral'x
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS	/
3. NAME OF DECEASED: (First) HOWARD FRANKLIN	BRICHLEY 4. DATE (Month) (Day	1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WINDWED DIVORCED 3 -	26-1893 62. yrs. Months De	
10a. USHAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS Of work done during most of work life HDUSTRY) ver a way Mann William Control of South	Resing Sun And.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	114.1
11. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.;	17-INFORMANT & ADDRESS:	all lists
Yes, no or junk. (If Yes give war of dates of 221-07-245)	hers Howard F. Bruky,	magin
	CAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	0	ONSET AND DEATH
Immediate cause (a)	Courary Ocelusus	1
Immediate cause (a)		
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \(\subseteq \text{No } \(\subseteq \)
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc CAUSE OF DEATH.		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work \[\begin{array}{cccccccccccccccccccccccccccccccccccc	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri	ibed above, held an Autopsy 🖂 , Inspection 💢	, Inquiry 2, and
find that death resulted from: Natural causes X, Acci		
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
11 Centoaron.	M. D. ASSISTANT MEDICAL EXAM.	1-14-88
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify):	RY OR CREMATORY LOCATION (City, town, or co	unty) (State)
Burial 1-17-55 Veneze	24 FUNERAL DIRECTOR	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Hable Rella 1 n	-1 5 14 /
	VIII V OVA / I OV / I OV / I OVA	K GALINI

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53



6555 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06550 Reg. Dist.

WEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	T

1. PLACE OF DEATH:	2. USU	AL RESIDENCE (HOM	(E) OF DECI	EASED:	
COUNTY Cecil Bainbridge.	MARYLAND STA	TE Mass.	COUNTY S	Suffolk	
	ength of STAY CIT (in this place) OR TOV	Y (If outside corporate		RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospi	tal	RESS 53 Central	(If rural, gi- L Avenue	ve location)	√
3. NAME OF (First) (Middl DECEASED: (Type or Print) William Edwa	rd Byrne		TE (Mon		
5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARR WIDOWED, DIV (Specify): Mar	ried 8. DATE OF B1	30 25	yrs.	Months Day	
10a. USUAL OCCUPATION (Give kind of 10b. KIND	STRY:	BIRTHPLACE (State Bronx, New Yo	rk	U	CITIZEN OF WHAT COUNTRY? ISA
13. FATHER'S NAME:	14. MC	THER'S MAIDEN NA			not
William Byrne		Illie M. Byrne		lable	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no, or unk.) (If Yes, give war or dates of		DRMANT & ADDRESS	:		
Yes service) 1947 - 1950 -	N.	avy Records			
1951 - 1955	18. MEDICAL CERT				
T DAGE AND CONTRIBUTIONS DIDECTOR IN THE DING OF		TIFICATION			INTERVAL BETWEEN
011.V	O DEATH:				INTERVAL BETWEEN ONSET AND DEATH
	o DEATH: Simple Cervical		with		
Immediate cause (a) Fracture DUE TO Paraple	o DEATH: Simple Cervical		with		
Immediate cause Immediate cause Oue To Paraple Antecedent cause(s) Diseases or conditions if any. (b)	o DEATH: Simple Cervical		with		
Immediate cause (a) Fracture DUE TO Paraple Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO	o DEATH: Simple Cervical gia	.6 & 7 Spines	with		
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) Lacerate	o DEATH: Simple Cervical gia d Trachea and Es	.6 & 7 Spines	with		
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	o DEATH: Simple Cervical gia d Trachea and Es	.6 & 7 Spines	with		
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause batting underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING CONTRIBUTIONS CONTRIBUTION	o DEATH: Simple Cervical gia d Trachea and Es	6 & 7 Spines			20. AUTOPSY? Yes 1 No
Immediate cause Due to Paraple Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) Lacerate II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING CONTRIBUTIONS 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street	o DEATH: Simple Cervical gia d Trachea and Es GE OF OPERATION: ome, farm, factory, 21c est, office bldg., etc., 21c	6 & 7 Spines	(Count	. ,	20. AUTOPSY? Yes 🗷 No 🗆 (State)
Immediate cause Canage Canage	o DEATH: Simple Cervical gia d Trachea and Es G F OF OPERATION: ome, farm, factory, etc., office bldg., etc., discharacy	6 & 7 Spines cophagus (City or town) Route 222 ne	(Count	. ,	20. AUTOPSY? Yes 🗷 No 🗆 (State)
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last TO THE SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING CONTRIBUTION CAUSING DEATH. 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF STRUCK OF DEATH. 21d. Time (Month) (Day) (Year) (Hour) OF STRUCK OF DEATH. 21d. Time (Month) (Day) (Year) (Hour) OF STRUCK OF DEATH.	o DEATH: Simple Cervical gia d Trachea and Es G F OPERATION: ome, farm, factory, et, office bldg., etc., lichway RY OCCURRED t Not while at work Au	cophagus (City or town) Route 222 ne How DID INJURY of to hit truck	(Count ar Port occur; pulling	Deposit house to	20. AUTOPSY? Yes No (State) Cecil Co.Md
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) Lacerate 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING CONTRIBUTIONS CO	o DEATH: Simple Cervical gia d Trachea and Es G OF OPERATION: ome, farm, factory, eet, office bldg., etc., If hway RY OCCURRED t Not while at work Au remains described about	cophagus (City or town) Route 222 ne How DID INJURY of to hit truck ove, held an Autop	(Count ar Port occur; pulling sy , Insp	Deposit	20. AUTOPSY? Yes 1 No (State) Cecil Co.Md railer Inquiry , and
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last TO THE SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING CONTRIBUTION CAUSING DEATH. 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF STRUCK OF DEATH. 21d. Time (Month) (Day) (Year) (Hour) OF STRUCK OF DEATH. 21d. Time (Month) (Day) (Year) (Hour) OF STRUCK OF DEATH.	d Trachea and Es d Trachea and Es ome, farm, factory, eet, office bldg., etc., If ONE Not while at work of the work of the second abouses , Accident of the second abouses .	cophagus (City or town) Route 222 ne How DID INJURY of to hit truck ove, held an Autop	(Count ar Port occur: pulling sy , Insp omicide , AL EXAMI	house transcription [], Undeterminent	20. AUTOPSY? Yes 1 No (State) Cecil Co.Md railer Inquiry , and
Immediate cause Due to Paraple Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) Lacerate II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF PRIMARY OF CONTRIBUTING OF Street CAUSE OF DEATH. 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF STREET CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF STREET INJURY 19 55 1: 10 While a work of the find that death resulted from: Natural cause SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NA	d Trachea and Es d Trachea and Es ome, farm, factory, eet, office bldg., etc., If ONE Not while at work of the work of the second abouses , Accident of the second abouses .	CCity or town) Route 222 ne HOW DID INJURY to hit truck ove, held an Autop CHIEF MEDIC DEPUTY MED D. ASSISTANT M REMATORY LOC.	(Count ar Port occur: pulling sy , Insp omicide , AL EXAMI	beposit house transcription [], Undeterriber [] Liner [] AM.	20. AUTOPSY? Yes No (State) Cecil Co.Md railer Inquiry , and mined cause . DATE SIGNED

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BECEINED

VS. A15

MARYLAND S'	TATE DEPARTMENT	OF H	EALTH—BAI	LTIMORE, 1	8 06551
6556	CERTIFICATE	OF	DEATH	Reg.	Dist. No. 96
COUNTY COUNTY	MARYLAND	STATE	Maryla	nd	COUNTY Pecil
CITY (If outside corporate limits, write) OR and side nearest town TOWN	(in this place)	OR TOWN	Kerry	relle,	AL and give nearest town)
90 STREET ADDRESS Grayheal)	Lurseing Home	ADDRES		(If rural give lo	cation)
3. NAME OF DECEASED: (Type or Print) 5. SEX:	Ei an	Last) be	4. DATE OF DEAT	11: July	(Day) (Year) /3- 19 5 3-
Male White (Specify	MAN WOOD OC 10	7-186	5- 90	yrs. Month	
work done during most of working life, even if retired and	OWN Jore	11. BIRTH	PLACE (State or	foreign country):	12. CITIZEN OF WHAT COUNTRY?
on B, Can	whole	a. MOTHER	a For	iter	
15 Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. Social Security No.: 17. II	NFORMANT	& ADDRESS:	1. Perry	ille ma
1. DISEASES OR CONDITIONS DIRECTLY 422./ Immediate cause (a)	18. MEDICAL CERTIFICATION LEADING TO DEATH	dite			Interval Between Onset And Death
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE T	alterio	Sel	erosis	_	15 grs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but no related to the disease or condition causing of					
19a. DATE OF OPERATION: 19b. MAJOR					20. AUTOPSY ? Yes No
HOMICIDE OF INJUR		(CITY O	R TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work At Work	HOW DID	INJURY OCCUR?		
22. I hereby certify that I attended the alive on 3, 1955 and the SIGNATURE AND SIGNATURE	deceased from that death occurred at	1950 to H.	M		last saw the deceased date stated above. DATE SIGNED 7./6.5.5
DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR	NAME OF CEMETERY SIGNATURE 129	42	L DIRECTOR	FION (City, town, Befron Walm ?	or county) (State) ADDRESS CAPACIALLE



VS. A15A - 5 - 53

SZEL Z JUL S 1955

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6558

CERTIFICATE OF DEATH

Reg Dist No.

		,
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
county Cecil Maryland	STATE Maryland county	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY(If outside corporate limits, write RURAL OR	and give nearest town)
Y TOWN Perry Point, Md. 26yrs.7mo.28		3401-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospi	STREET (If rural give location ADDRESS 22 N. Pulaski	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) GEORGE C.	CARROLL OF DEATH: July	6 1955
RACE: WIDOWED, DIVORCED,	9. AGE last birthday IF UNDER Months Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12	. CITIZEN OF WHAT
work done during most of working life, OR INDUSTRY:		COUNTRY?
even if retired): Laborer B&O Railroad Yard	Maryland	USA
13. FATHER'S NAME:		
Albert G. Carroll - Deceased	Zinnery Pickett	
15. WAS DECEMBED EVER IN U.S. ARMED FORCES: (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
les (or service) Peacetime (Unknown	Hospital Records, VAH, Perry	Point, Md.
18. MEDICAL CERTIFICA I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
309X		ONSET AND DEATH
IMMEDIATE CAUSE (A) Starvation	, inanition	Approx.2 mo.
ANTECEDENT CAUSE (S)		Approx.
	lecubitus ulcers	6 months
STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONVUL	ain syndrome associated with	unknown
TO THE DEATH BUT NOT RELATED TO THE	sive disorder	
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	ON	_
198. MAJOR FINDINGS OF OPERATION	314	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tetory. 21c. WHERE DID (City or town) (Cou INJURY OCCUR?	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that attended the deceased from 11-	8 10 28 to 7-6 10 55 accords	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2000 Construction of the deceased from 11-	t 12:05 M, from the causes and on the date	e stated above.
	M.D. V.A. Hospital, Perry Point,	
REMOVAL (SPECIFY) 7-6 55 Baltimo:	TERY OR CREMATORY LOCATION (City, pown, Pe National Baltimore, Md	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	A. Howard Evans, 1400 S. Charles	
7-6-55 onene 2 - Houghorten	1-1-1-1	,

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

06554

6542	Dill III Omalos	David Dalamere		
C	ERTIFICAT	E OF DEAT	H Reg. I	Olst. No. 97
1. PLACE OF DEATH-	MARYLAND	2. USUAL RESIDENCE (I		COUNTY Cecil
CITY (If outside corporate limits, write RURAL and OR give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporation OR TOWN E/Kt	0 27	21
HOSPITAL OR INSTITUTION OR STREET ADDRESS 260 North S	t.	STREET ADDRESS 200	(If rural, give look North St.	ation)
3. NAME OF (First) DECEASED (Type or Print) Edith Duy	I DU.	(Last) 4w/ey	OF DEATH Jul	4 8 1935
/ / / / / / / / / / / / / / / / / / /	INGLE, MARRIED, DOWED, DIVORCED, Specify) Married	October 1, 1869	9. AGE last hirthday 85 yrs.	If under 1 year If under 24 hr Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OF CHARTEY HOUSE WORK	E/Kt62	Md.	12. CITIEBN OF WHAT
William C. Dunbar			Moody	
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	3. SOCIAL SECURITY NO.	Mrs. Ele mer L		Aton, Md.
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	poplary &	Coma Hyperten Jerosis	SION	ONERT AND DEATE 4 clays 5 year +
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FIND	INGS OF OPERATION			Yes No
21. ACCIDENT (Specify) PLACE (FOR SUICIDE OF OR INJURY)	Iome, farm, factory, street, ce bldg., etc.)	(CITY OR T	OWN) (CO	DUNTY) (STATE)
OF Whi	URY OCCURRED le at Not While ork	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the dec	ceased from Sjuly			last saw the deceased
Signature Dine	at death occurred at	ADDRESS M., from the	Med	8 July 55
23. BURIAL, CREMATION HATE THEREOF REMOVAL (Speedy)	- Elkton C	emetery 1	EIKton	or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGN REG. July 9	ATURE	24. FUNERAL DIRECTO	al Heme F	ADDRESS
	0	//		1. Lusby

MARGIN RESERVED FOR BINDING

PLEASE WRITE FLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

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VS. A15

RECEIVED

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				1	

Dog Diet

JRE,	10		neg.	Dist.	
TA	TOTAL	A FIRTH		6	_

MEDICAL EXAMINER S CERT	LIFICATE OF	DEATH	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOM	E) OF DECEASED:	1
COUNTY COLUMN MARYLAND		COUNTY CLU	rden.
CITY (It butside corporate limits, write RURAL LICNGTH OF STAY OR and dive nearest flower of the control of the place)	CITY (If outside corporate OR TOWN	limits write RURAL an	d give nearest town)
HOSPITAL OR	STREET	(If gural, give location)	06/1
INSTITUTION OR STREET ADDRESS	ADDRESS/30 E	lle	t L
3. NAME OF DECEASED: (First) ARGARET LAVIN	A CROSSEL DEA		(Year) (Y 1966
File Whowen Divorces aug	9 1400 9. AGE las	t birthday: IF UNDER I Months D	YEAR IF UNDER 24 HRS. ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even their clients of the state of their clients of t	11. RIRTHPLACE (State of	r foreign country): I2	COUNTRY!
13. FAZHER'S NAME:	14. MOTHER'S MAIDEN NAM	IE:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: 1	manower	1206011	25
(Yes, no, or unk.) (If Yes, give war or dates of service)	MY COUNTY	, Glone	esterna
18. MEDICAL	L CERTIFICATION		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	val kleme	moliate	ONSET AND DEATH
Immediate cause (a)	0000 1400		
Antecedent cause(s)			
Diseases or conditions, if any, (b)	***************************************	***************************************	
giving rise to the above cause DUE TO stating underlying cause last (c)			
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:			20. AUTOPSY? Yes \(\text{No } \text{ No } \)
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. M. work ☐ at work ☐	21f. HOW DID INJURY O	CCUR?	
22. I hereby certify that I took charge of the remains describe	ed above, held an Autops	y [], Inspection	, Inquiry . and
find that death resulted from: Natural causes , Accide			
SIGNATURE COLORON	CHIEF MEDICA DEPUTY MEDIC M. D. ASSISTANT ME	AL EXAMINER	DATE SIGNED
23. HABIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	OR CREMATORY LOCAT	FION City, town, or e	ounts) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	1	ADDRESS

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ATE OF DEATH X	£ 1	HALD STARY	1 1 1	. 11/10	TOTAL .
DESCRIPTION OF PERSONS	R. District			MATAN	0.50 324.19 3
		STREET, STREET			wastion.
(and must be her latelly after mind dissipate salates)	## ##10 ##(#	truly on an	A S. Salar Salar	Santad Swindle of	
(subleted onto Amery 16)	TEXAL PROPERTY.			OR	
THE STATE OF STATE	SHADE BELL	(95858)		100	ião la
HE FRENCH WAS TRANSPORTED TO A REPORT OF THE PROPERTY OF THE P	SECTION 13	PARTY THE PROPERTY OF THE PARTY	it on the state of	HI 80.705	
AND SECTION OF LINES WERE ASSESSED. HEALTH	Park at 1	er elektrik ar meda er sole iner	A Part And	in drawn multiple.	H 1
TRAZ ZISTE AZ	CONTRACTOR OF THE PARTY OF THE			MEAN	A SERVED AS A
LEGINERA & SA	ARCHOUSE IN	to be under the state of	Semant opera. So within to be	ALCH ACC	JE WAS DESCRIBE
MOSTS	DOWN THE I	ADRESM AND AND DELLAR	a tipolalo	exactions:	o session a
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			03 3510 ac	(u) and a little of the second	an objection of the same of th

THE REPORT OF THE WARD OF THE CO. THE PART OF OUR PARTY OF THE PA THE WHITE II. I hereby corning that I took charge of the remains described above, held as Authors

The correct age

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

6543

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06556

1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give mearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Levise Mursing Home	STREET ADDRESS 127 Bow Lt.
3. NAME OF (First) (Middle) DECEASED (Type or Print) MARIE (Type or Print) MARIE	(Last) 4. DATE (Month) (Day) (Year) OF DEATH July 4 1955
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday Munder 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11./BIRTHPLACE (State or foreign country) 12. CITTEEN OF WHAT COUNTRY!
13. FATHER'S NAME Harry L Dayett	14. MOTHER'S MAIDEN NAME Muthrie
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, rive war or dates of service)	17. INFORMANT AND ADDRESS Le Weese Elhloging
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Agportale	Tremme 48hs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	- Denece 3yrs
stating the underlying cause last (c)	levis Syst
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	c capoplety)
19a. DATE OF OPERATION 19b. MAJOR FINDING OF OPERATION	// // 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2) flene	, 1955, to 4 July , 1955, that I last saw the deceased
alive on July 1953, and that death occurred at (Degree or title)	ADDRESS DATE SIGNED
Feer Alne to Me of	Elphin Wel 5 my 55
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specific)	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGGLES 7	24. FUNERAL DIRECTOR P. MANY THE STATE OF T
- Harris and the second second	B 1/2 D
	Pog 12. Malac

9961 8 JUL

BUREAU V. S.

find the contracts owner.

Amen's prince of the series of

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND	STATE	DEPARTMENT	of	HEALTH—BALTIM	ORE,	18	ne	557	
5560	CEI	RTIFICATE	OF	DEATH	Reg.			96	
TH:		1	2. IJS	LIAL RESIDENCE (HOME)	OF DEC	FASED			-

6560 CERTIFICATI	E OF DEATH Reg. Dist	. No. 96
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE DISTRICT OF COLUMBIA	D:
COUNTY CECIL MARYLAND	STATE COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town)
OR and give nearest town) (in this place) YOWN PERRY POINT 10 Days	TOWN WASHINGTON	47x-3
HOSPITAL OR	STREET (If rural give location)	V
50 STREET ADDRESS Veterans Administration Hospi	tal 1237 South Capitol	Street, S.W.
	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) STELL None	DORSEY, SR. DEATH: JULY	1 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER	
RACE: WIDOWED DIVORCED	Months 7	Days Hours Min.
Male Negro (Specify) Married May 3,	1896 59 yrs.	
NOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country); 12.	COUNTRY?
even if retired): Laborer	GEORGIA	USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
HAMP DORSEY	LIZZY HAM	
15. Was DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes. no. or unk.) (If Yes. give war or dates		
Ves / of service) WI-T B59 03 5459	Mospital Records, VAH., Perry P	oint, Md.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	rion	INTERVAL BETWEEN
JJ/X Hemornhage	subdural, right side	Unknown
ANTECEDENT CAUSE (8) HEMOTTHAGE,	- Stillians	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		PALES D
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		grant state
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY7
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ctory. 21c. WHERE DID (City or town) (Coun INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	P 21F. HOW DID INJURY OCCUR?	
OF INJURY While M. While at work at work		
22. I hereby certify that A attended the deceased from June		
SIGNATURE S. S. Elle 1.D.	ADDRESS DA	TE SIGNED
F CFILS M D Acting, Chief, Professional M	Services, VAH., Perry Point, Md. 7	ー と ー う う
23. BURIAL, CHEMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, o	r county) (State)
Removal 7-2-55 Arlington N	at 1. Ft. Myer, Virginia.	of on D.C.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

BUREAU V. E.

AND STREET

5361 9 701

654 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

544				
UXX	CERTIFICATE	OT	TATE	COTT

H	CERTIFICATI	E OF DEATH Reg. Dist.	No. 92
ully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED): /
carefull legibly.	COUNTY CREIL MARYLAND	STATE Md COUNTY CE	il
n cs d le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
and and	2 TOWN EIKEON	TOWN EIXton	X
item of information carefully of death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital	STREET (If rural give location) R. F. D. # 3	
in h c	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (1	Day) (Year)
m of i	(Type or Print)	DUNN DEATH: July	1955
iten of d	Sex: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED, (Specify): 7.	9. AGE last birthday IF UNDER 1 V Months D	ays Hours Min.
ery	IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
causes	work done during most of working life, even if retired):	Massey Maryland.	2. S. A.
pply the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	90. J. A.
	Thomas Dunn	Nowland (Brid)	
. °E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates of service)	Mas Mary P. Dann Childs,	Md.
G IN	18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
NIC	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	11/1/	ONSET AND DEATH
'AI	IMMEDIATE CAUSE (A)	ledwelf Henryhage	48 less.
TH UNFADING Physicians: plea	ANTECEDENT CAUSE (S)	- · 1.0 . G . 1 .	202
H L	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	in alles la indiagnoral	Lander
	STATING UNDERLYING CAUSE LAST. (C) Golden &	ling GU Julection	18 mus.
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	h + 11.	4.
LY	DISEASE OR CONDITION CAUSING DEATH.	- Certemeseleons	10400
AINLY, Wimportant.	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
P. I.			YES NO
WRITE PLAINLY, especially importa	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	y) (State)
	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	-
E OR age is	22. I hereby certify that I attended the deceased from	, 195/, to July, 1953, that I last	saw the deceased
स्र स	alive on 25 mly, 1955, and that death occurred at	2.457 M, from the causes and on the date	stated above.
SE TYPE	SIGNAPORI		re signed
SE		ERY OR CREMATORY LOCATION (City, town, or	county) (State)
A	REMOVAL (SPECFY)		M
PLE.	DATE REC'D BY LOCAL REGISTER'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
-	REGISTRAR	Pibbin Funeral Home E.	Kton, Md.
		//	THE THE

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

BECEINED

BUREAU V. S.

VNC € 1952

Supply every item of information carefully. The

UNFADING INK. TYPE OR WRITE PLAINLY, WITH PLEASE

6561 CERTIFIC	CATE OF DEATH Reg. Dis	st. No. 97
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
COUNTY Cecil CITY (If outside corporate fimits, write RURAL DENGTH O OR and give nearest town) X TOWN Bainbridge MARYLAND LENGTH O (in this 2 wh	DF STAY CITY(If outside corporate limits, write RURAL OR	and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location ADDRESS Rt. #2, Box #218	05x-2
3. NAME OF (First) (Middle) DECEASED: (Type or Print) BETTY LOU	FARMER OF July	(Day) (Year) 30 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. WIDOWED, DIVORCED. (Specify): Married Ja	anuary 1, 1937 9. AGE last birthday if under the anuary 1, 1937 18 yrs. Months	YEAR IF UNDER 24 HRS. Daya Hours Min.
Female Negroid (Specify): Married Ja 10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Housewife 13. FATHER'S NAME:	Detawate	CITIZEN OF WHAT
	14. MOTHER'S MAIDEN NAME:	
Harlan (n) Brown	Eva Sheppard	
(Yes, no, or unk.) (If Yes, kive war or dates of service)	PFC, Camp Lejeune, North Carol	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT IMMEDIATE CAUSE ANTECEDENT CAUSE (S) MEDICAL CER. (A) MILIAN DUE TO	ry Tuberculosis	Approx. 3 m
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
	utrition, extreme	3 mos.
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPE	ERATION	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, fa OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ice bldg., etc. INJURY OCCUR?	ty) (State)
21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCC While Not we at work at work	ork 🔲	
22. I hereby certify that I attended the deceased from alive on 30 July , 1955, and that death occur SIGNATURE	rred at 0105A.M, from the causes and on the date	stated above. TE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF REMOVAL (SPECIFY) Rurial Aug. 2, 1959 Seafo	M. D.USNH, Bainbridge, Md. 7- CEMETERY OR CREMATORY LOCATION (City, town, or ord Cemetery Seaford, Del	-30-55 r county) (State) aware
	1 24 FUNERAL DIRECTOR	ADDRESS

DECENTO

and the state of t

BUREAU V. S.

The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BY LOCAL

DATE REC'D

REGISTRAR'S

FUNERAL DIRECTOR

Havre De Grace, Md

ADDRESS

6562 CERTIFICATE	OF DEATH	Reg. Di	st. No. 96
1. PLACE OF DEATH:	2. USUAL RESIDENCE	(HOME) OF DECEAS	ED:
COUNTY Cecil MARYLAND	STATE Mass	COUNTY Ber	kshire
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corpo	rate limits, write RURAL	
OR and give nearest town) (in this place) X TOWN Perryville 7yrs3moa24days	TOWN North	Adams	58x 3
HOSPITAL OR	STREET	(If rural give location	n)
56 STREET ADDRESS Veterans Administration Hospit	ADDRESS	in Street, Apt	- 515
		4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) GERALD B. FITZ	GERALD	OF DEATH: July	30 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE		E last birthday IF UNDER	
Male White (Specify): Single	1886 69	Months	Days 'Hours Mln.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State	or foreign country): 12	CITIZEN OF WHA
even if retired): None unknown	New York		US A
13. FATHER'S NAME:	14. MOTHER'S MAIDE	N NAME:	USA
Unknown	Unlman	•	
15. WAR DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY No.	17. INFORMANT & AD		
(Yes, no, or unk.) (If Yes, give war or dates	Hospital Record	s VAH. Perry	Point Md.
Yes 4/28/14 to 5/12/16 None		, 17411, 1012,	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
153×			2.5
IMMEDIATE CAUSE (A) Bronchopneur	ionia, following	operation	3 Days
ANTECEDENT CAUSE (S:			** *
GIVING RISE TO THE ABOVE CAUSE DUE TO	oma, sigmoid, col	on	Unknown
STATING UNDERLYING CAUSE LAST.	rosis, generalize	d sarana	Unknown
(c) Arteriosclei II other significant conditions contributing	.OSIS, generalize	d, severe	OTTVIONI
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH			
			YES NO
July 25, 1955 Adenocarcinoma, sigmoid, of	colon	/Cia A \	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(City or town) (Cot	inty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJU	RY OCCUR?	
M. at work L at work L			
22. I hereby certify that ** attended the deceased from Apr	•	-	
signature Landscape and that death occurred at 2	2:45A.M. from the ca	uses and on the dat	e stated above. ATE SIGNED
W OPPLED / D Chief, Professional Servicey.	D. VAH., Perry	Point, Marylar	nd 7-31-55
23. BURIAL, GREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town,	or county) (State
Removal 7-30-55 Arlington Na	ational	Ft. Myer, Virgi	inia.

MARGIN RESERVED FOR BINDING

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UNFADING

TYPE OR WRITE PLAINLY, especially

PLEASE

13

correct age

important. Physicians: WITH

A15.

SSET OF SA.

MARGIN RESERVED FOR BI ING

VS. A15 -- 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Su iy every item of information carefully

BUREAU V. S.

10 SS 1955

BECEINED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

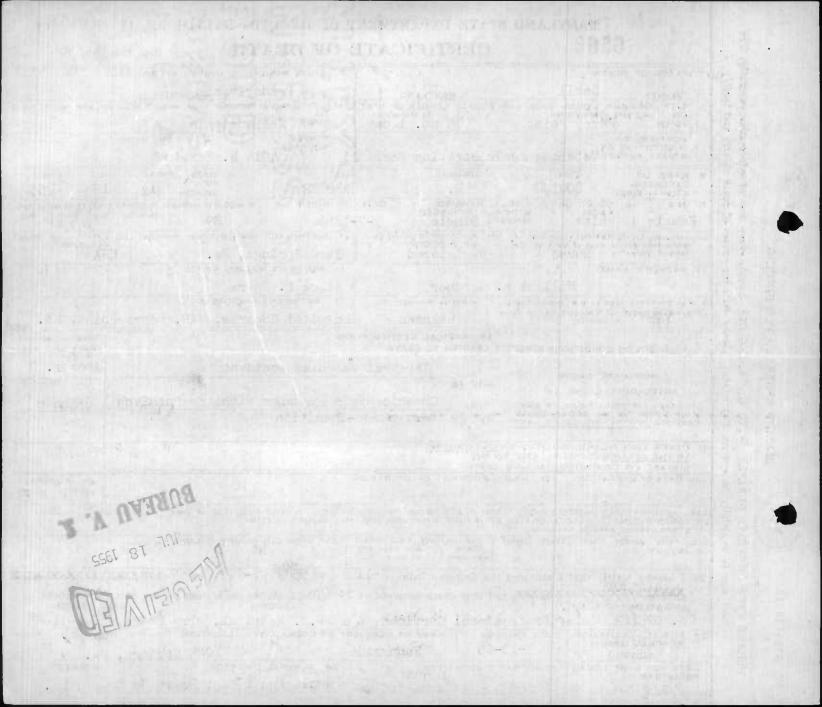
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16561

6563

CERTIFICATE OF DEATH

Reg. Dist. No. 96

CENTIFICAL	E OF DEATH Reg. Dis	st. No. 70
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
COUNTY Cecil MARYLAND	STATE Pennsylvaniacounty	
CITY (If outside corporate limits, write RURAL (in this place) TOWN Perry Point 5 mo. 1 day	Y CITY(If outside corporate limits, write RURAL OR	and give nearest town
HOSPITAL OR SOSTREET ADDRESSOETERANS Administration Hospi	STREET (If rural give location	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED: LOUISE M.	GARDNER OF July	12 19 55
RACE: WIDOWED, DIVORCED.	FOR BIRTH: 9. AGE last birthday IF UNDER Months Months	
or industry: Nurse 108. KIND OF BUSINESS OR INDUSTRY: Registered	11. BIRTHPLACE (State or foreign country): 12 York Springs, Pa.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William H. Gardner	Alice L. Myers	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 10. SDCIAL SECURITY ND.	17. INFORMANT & ADDRESS:	
(Yes. no or unk.) (If Yes, give war or dates of service) WW I unknown	Hospital Records, VAH, Perry	Point, Md.
18. MEDICAL CERTIFICA	ATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
OSIA Cerebral	. vascular accident	Approx. 2
DUE TO		weeks
DISEASES OR CONDITIONS, IF ANY, (B) Chronic b	rain syndrome with progressive	unknown
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO STATIVATION		ulknown
(C)		1
II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATI	ON	20. AUTOPSY?
0		YES NO X
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, for CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg (if either, notify medical examiner)	g., etc. INJURY OCCUR?	inty) (State)
OF INJURY VA M. ZIE INJURY OCCURRI While Not while at work at work	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-1	11 , 19.55 to 7-12 , 19.55, there can	DOMADURQUANIA
and that death occurred a	at 5:00pM, from the causes and on the date	
W. OPPLER, Chief, Professional Services	M.D. V.A. Hospital, Perry Point,	Md. 7-14-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	ETERY OR CREMATORY LOCATION (City, town,	or county) (State
Removal 7-13-55 Sunnysi	de York Springs,	D
	tue Tork Springs.	ra.



MARYLAND STATE D	EPARTMENT OF	HEALTH—BAL	TIMORE,	18	Reg. Di	st.
MEDICAL EXAMIN	VER'S CE	RTIFICATE	OF]	DEATI	H No.	12
1. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OI	DECEASED	:	
COUNTY Cecil	MARYLAND	STATE N.C.	COUN	TyJeffers	son	
CITY (If outside corporate limits, write RUR OR and give nearest town)	LENGTII OF STA	OB ,	corporate limits	write RURAI	70 X - 3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS CECIL Country	ty fail	STREET ADDRESS	(If re	ıral, give locat	ion)	1
3. NAME OF (First) DECEASED: (Type or Print) William	(Middle)	(Last) Gentry	4. DATE OF DEATH	(Month)	(Day) (Year 18 19	مرم
M RACE: WIDOV (Specify	Single 7.	-13-1900	. AGE last bir	thday: IF UNDI Months		
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even Organization)	ob. KIND OF BUSINESS INDUSTRY: House Builging		on, N.C.	eign country):	I2. CITIZEN COUNTR	
13. FATHER'S NAME:		14. MOTHER'S MAI	DEN NAME:			
Frank Gentry		Georganna	Brown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & A Hospital Re		kton. Mo	i.	
I. DISEASES OR CONDITIONS DIRECTLY LE 3 2 2 (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Acute Cardiac	Dikatation and	Alcholism		Onset A	ND DEATH
II. OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEA	TO THE					
19a. DATE OF OPERATION: 19b. MAJOR F.	INDING OF OPERATION	8			20. AUT Yes	TOPSY?
PRIMARY or CONTRIBUTING O	LACE (Home, farm, factor F street, office bldg., on NJURY	etc.,		(County)	(Stat	e)
21d. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY M.	1e. INJURY OCCURRED While at Not while work □ at work □		NJURY OCCUR	?		
22. I hereby certify that I took charge find that death resulted from: Na SIGNATURE	of the remains described tural causes , Ac	cident [], Suicide [CHIEF DEPUT	Autopsy , Homicid MEDICAL EX TY MEDICAL IT TANT MEDICAL	le [], Und KAMINER EXAMINER	determined of DATE	ause signed
23. BURIAL, CREMATION, DATE THERECE BY LOCAL REGISTRAR'S	1,1955	ERY OR CREMATORY	West	(City, town,	rson	(State)
	Frazer	il i dilatina bil	Walter o	lu Bose	1	St ten

NECELVE

BUREAU V. E.

uzy-w northam, Bollo.

BUREAU V. S.

AUG I 1955

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6565	CERTIFICATI	E OF DEAT	H Reg. Di	st. No. 96
1. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DECEAS	SED:
COUNTY 6ecil	MARYLAND	STATE D. C.	COUNTY	
CITY (If outside corporate limits, write OR and give nearest town) X TOWN Perry Point.	RURAL LENGTH OF STAY (in this place) 29yrs.lmo.2da	CITY(If outside co	rporate limits, write RURAI	and give nearest town)
HOSPITAL OR SINSTITUTION OR STREET ADDRESSVeterans Adm		STREET	(If rural give location) - 18th St., N.	
3. NAME OF (First) DECEASED: (Type or Print) RAYMOND	(Middle)	(Last) HENSLEY	4. DATE (Month) OF DEATH: July	(Day) (Year) 28 19 55
5. SEX: 6. COLOR OR 7. SINGL RACE: WIDOW	E, MARRIED, 8. DATE		AGE last birthday IF UNDER Months 77 yrs.	
OA. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired): Clerk	OB. KIND OF BUSINESS OR INDUSTRY: Railroad	Virginia	ate or foreign country): 12	COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAI	DEN NAME:	
B. H. Hensl		Annie Bettie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES		17. INFORMANT &	ADDRESS:	
(Yes no, or unk.) (If Yes, give war or dates	Unknown	Hospital Reco	ords, VAH, Perry	Point, Md.
	18. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
Diseases or conditions directly	Pneumania	bronchial. bil	lateral, unresol	ved 4 to 5
IMMEDIATE CAUSE	DUE TO			days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,	(B) Syphilis c	erebral		unknown
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO			didionii
II OTHER SIGNIFICANT CONDITIONS	(C)			
TO THE DEATH BUT NOT RELATED TO	DEATH.	2. 12.12		unigneum
19a. DATE OF OPERATION: 198. MAJO	R FINDINGS OF OPERATION	N		20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE (Home, farm, fac OF INJURY street, office bldg.,	tory. 21c. WHERE DI		unty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M.	While Not while at work	21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that * attended	the deceased from 6-26	, 19.26 to 7-	-28 , 19 5 5 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	STANORE CREEKER
alive on signature! W. OPPLER, Chief, Profes	nd that death occurred at	9:40PM, from the	causes and on the dat	
23. BURIAL, CREMATION, DATE THER REMOVAL (SPECIFY) 7-29-	EOF NAME OF CEMET	eny on CREMATORY on National	LOCATION (City, town,	
DATE REC'D BY LOCAL REGISTRAF	S SIGNATURE E. Daugher	Pennington		ADDRESS

MARGIN RESERVED FOR BINDING

Supply every item of information carefully. The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. A15 - 10 - 53 VS.

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BUREAU V. E.

AUG 3 1955

DECENTED S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6566

CERTIFICATE OF DEATH

CHILITICALIA	deg. Dist.	No. /
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
county Cecil Maryland	STATE Virginia COUNTY Fair	fax
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	
X OR and give nearest town) Y TOWN Perry Point (in this place) Byrs.5mo.19da	ys Town Falls Church	83× _3
HOSPITAL OR	STREET (If rural give location)	
50 STREET ADDRESS Veterans Administration Hospit	al 505 Westcott	V.
	- 05	Ony) (Year)
CLARENCE B.	HIGHT DEATH: JULY 2	1955
RACE: WIDOWED, DIVORCED,	9. AGE last birthday Months D	ays Hours Min.
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even If retired): Operator (ret.) Real Estate	Maryland	USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Clarence B. Hight	Isabelle Broume	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no. or unk.) (If Yes, give war or dates Yes of service) WWI - WWII Unknown	Hospital Records, VAH, Perry P	oint, Md.
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Bronchopne	umonia	1 week
ANTECEDENT CAUSE (S)	The state of the s	
DISEASES OR CONDITIONS, IF ANY. (B)		
STATING UNDERLYING CAUSE LAST.		
(C)		
TO THE DEATH BUT NOT RELATED TO THE hemiple of	lomalacia due to arterioscleros	is with
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. hemiplegia, 1 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		
198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
OF INJURY VA M. 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that X attended the deceased from 2-1	, 19.52 to 7-20 , 19.553thatakiasa	TO STATE OF THE PROPERTY OF TH
SIGNATURE (1900) and that death occurred at	8:35P M, from the causes and on the date	stated above.
W OPPIER Chi-S PO-S		7-22-55
23. BURIAL, CREMATION, BATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
REMOVAL (SPECIEV)	n National Arlington, Va.	St. 5 1 1 1 1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 2-1955 Ineque E. Alamaher	Pennington & Son Hayre de G	ADDRESS race, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

AEDICAL.	EXAMINER'S	CERTIFICATE	OF	DEATH	DT.
	LIVA AUVILINIUM S			DRAIN	No.

I. PLACE OF DEAT	TH:		2. USUAL RE	SIDENCE (H	OME) OF DE	CEASED:			
COUNTY	Cecil	MARYLAND	STATEMA	rvland	COUNTY	Deci	17		
	corporate limits, write R	URAL LENGTH OF S'	CITY (If OR	outside corpor	ate limits writ	e RURAL	and give	nearest	town)
Y TOWN COL	ora	22mos.	TOWN	Colora				X	
HOSPITAL OR INSTITUTION OF STREET ADDRESS	R SS Home on farm	near Colora	STREET	Вох	(If rural,	give locatio	on)	1	
3. NAME OF	(First)	(Middle)	(Last)		ATE (M	onth) (l	Day)	(Year)	
DECEASED: (Type or Print)	DOROTHY	AITH	HILLS		ED 4 PD 4 F	ulv	12	19 5	5
	RACE: WID	GLE, MARRIED, 8. 1 DOWED, DIVORCED, cify):	9-20-53	9. AGE	last birthday	Months		Hours	Min.
10a. USUAL OCCU	PATION (Give kind of lng most of work life,	10b. KIND OF BUSINES		PLACE (State)	te or foreign	country):	12. CIT COU	IZEN OF UNTRY?	WILAT
13. FATHER'S NAM	1E:		14. MOTHER	S MAIDEN N	IAME:		0.0.		
Albert Cim	ningham HILLS		Shirle	y Sarah	GUNDERSI	EN			
15. WAS DECEASED	EVER IN U.S. ARMED FORCES								
	If Yes, give war or dates of ervice)		Navy	Records					
Antecedent of Diseases or congiving rise to stating underly II. OTHER SIGNIF TO THE DEA'	DUE TO cause(s) ditions, if any, the above cause DUE TO ving cause last (c) ICANT CONDITIONS CO TH BUT NOT RELATI	DROWNING, ACCID					Oi	NSET AND	DEATH
19a. DATE OF OP	ERATION: 19b. MAJOR	FINDING OF OPERATIO	N:				20	Yes Z	
	AUSE WAS 21b. CONTRIBUTING (Day) (Year) (Hour) 12 55 11304.	While of Not wh	Farm ne	or town) ear Color bid injury rom home	OCCUR?	cil Child w	wande o pon	(State) Md. red d	
	AATION, DATE THEF	Woodlawn C	M. D. ETERY OR CREMA emetery	icide [], l CHIEF MED DEPUTY ME ASSISTANT	Homicide [CAL EXAM DICAL EXAM MEDICAL EXAM MEDICAL EXAM MEDICAL EXAMINATION (Cital Examination Control Exa	, Under MINER XAM.	r county	DATE SI	GNED 2 05
		+				7	7		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. A15

MARYLAND S	STATE DEPARTMEN	T OF HEALTH—I	BALTIMORE, 18	ORECZ
6568	CERTIFICATI			st. No
I. PLACE OF DEATH:		2. USUAL RESIDENCE	HOME) OF DECEASED:	ē.
COUNTY Cecil	MARYLAND	STATE Marylan	nd cor	UNTY Cecil
CITY (If outside corporate limits, write	RURAL LENGTH OF STAY	CITY (If outside corpe	orate limits, write RURAL	
X TOWN Port Deposi	t 70 yrs	TOWN Port De	eposit	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	M	STREET ADDRESS S	(If rural give location	on)
3. NAME OF DECEASED: (First) Malinda	Falls Ho	han		(Year) 7 1955
5. SEX: S. COLOR OR 7. SINGLE PACE.	E, MARRIED, WED, DIVORCED, 100WC0 4-28		last birthday: IF UNDER I	
Female White Specific	idowed 4-28		3 yrs.	Days Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even it 1100126 W110	Own flome	New Jerse	or foreign country): 12	COUNTRY? USA
13. FATHER'S NAME:		14. MOTHER'S MAIDEN N	AME:	
John Falls			insmore	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		INFORMANT & ADDRESS		. Md.
	18. MEDICAL CERTIFICATI	ON		Interval Between
1. DISEASES OR CONDITIONS DIRECTLY 170 X Immediate cause (a) DUE	Carcine	ma Br	east	Onset And Death
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE		sonly they	and Sland	3 monto
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but n related to the disease or condition causing	ot death.	The state of the s		
	FINDINGS OF OPERATION	1 100	Barat. Co-	20. AUTOPSY?
21. ACCIDENT (Specify) PLAC OF HOMICIDE INJUI	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	Yes No No (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work At Work	HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended th	e deceased from July 7	10,1955, to Maly	7,7195.5, that I las	t saw the deceased
alive on 19.55, and signature	that death occurred at	7	causes and on the dat	
23. BURIAL, CREMATION, DATE THERE PUT 121 (Specify) 7-30-1		RY OR CREMATORY L	OCATION (City, town, or	July -28-55 county (State)
Burial 7-30-1		24. FUNERAL DIRECTOR	ort Deposit,	Md, Rural
REGISTRAR 28-1958 Frene	E. Dougholy	Vu a. Patte	rson & Son.	
	0		Perryville	Md.

ORECZ

BUREAU V. S.

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X	orre	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 7
4	e c	I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	10
1	Though.	COUNTY COUNTY MARYLAND STATE MA COUNTY LLL	Cl
10	carefully. T	CITY (If outside corporate limits, write RURAL OR and grown nearest town) OR and grown nearest town) OR this place) TOWN CITY (If outside corporate limits, write RURAL and OR	give nearest town)
,	n care y and	HOSPITAL OR STREET ADDRESS COLOR OF ADDRESS COLOR (If foral, give location)	1
M	information eath clearly	3. NAME OF DECEASED: (Type or Print) FIRE & EARL HOOVER, OF DEATH 7 16	1955
	f infor	5. SEN: 6 COLOR OR 7. SINGLE, MARRIED, WINOWED DIVORCED, 2 - 1 - 1879 9. AGE last birthday: IF UNDER 1 Y. Months Da	Hours Min.
ING	0 44	Gotton Relined General Store Fellow, Delange	COUNTRY WHAT
BINDING	every item	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: CURdy	1.
FOR	4	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.: 17. INFORMANT & ADDRESS: Clefford Property Certification of the service o	tou med.
VED	K. Suppl	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.	INTERVAL BETWEEN ONSET AND DEATH
RESERVED	G INE	Immediate cause (a) Ustol shot let temple	
RE	7	Antecedent cause(s) Diseases or conditions, if any, (b)	
ARGIN	UNFADIN Physicians:	giving rise to the above cause DUE TO stating underlying cause last (c)	
MAF		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
I)	WIT	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No
	PLAINLY, WITH pecially important.	21a. EXTERNAL CAUSE WAS PRIMARY CLOR CONTRIBUTING OF Street of the piles rete. CAUSE OF DEATH. 21b. PLACE (Home farm, factory, OF street of the piles rete., INJURY OF STREET OF THE PILES	(State)
	E PLAIN especially	OF INJURY 7 16 556 M. While at work at work Slut selfwith The	stol
	2005	22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undeter	
65	WRITE ge is es	SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	7-16-55
20	ASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or control of the contr	unty) (State)
<€	2.3	- DATE PROOF BY LOCAL A PROCETTAP'S SIGNATURE . 24 FUNERAL DIRECTOR	ADDDFES

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BUREAU V. E.

SS61 OF THE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

de Grace, Md.

0970	CERTIFICAT	E OF DEATH	Reg.	Dist. No. 96
1. PLACE OF DEATH:		2. USUAL RESIDENC	E (HOME) OF DECE	EASED:
COUNTY Cecil	MARYLAND	STATE Maryla	and county	
CITY (If outside corporate limits, write F OR and give nearest town) Y TOWN Perry Point		CITY(If outside corp	orate limits, write RUI	RAL and give nearest town
HOSPITAL OR SINSTITUTION OR STREET ADDRESS Veterans Admi	nistration Hosp	STREET ADDRESS 1404	(If rural give loc E. Fairmont A	stion)
3. NAME OF (First) DECEASED: (Type or Print) CHARLES	(Middle)	(Last) HOWARD,	4. DATE (Month) OF DEATH: July	(Day) (Year) 17 1955
5. SEX: 6. COLOR OR 7. SINGLE, RACE: WIDOW! (Specify)	MARRIED, 8. DATED, DIVORCED.	7E OF BIRTH: 9. A	GE last birthday Mont	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor	or industry: unknown	Maryland	e or foreign country):	USA USA WHAT
13. FATHER'S NAME:		14. MOTHER'S MAID	EN NAME:	
Charles E. Ho	ward	Mary James		
15. WAS DECEASED EVER IN U.S. ARMED FORCES!	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS:	
(Yes, no or unk.) (If Yes, give war or dates of service) WW I	Unknown	Hospital Reco	rds, VAH, Per	ry Point, Md.
I DISEASES OR CONDITIONS DIRECTLY	IS. MEDICAL CERTIFIC LEADING TO DEATH	ATION		INTERVAL BETWEEN
33 / X	(A) Rupture of	middle cerebral	artery	25 days
	DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	Tuberculos	sis pulmonary, mo	derately	unknown
STATING UNDERLYING CAUSE LAST.	(C)	, 400210		
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO	ntributing THE Arter	riosclerosis gene	ral	unknown
DISEASE OR CONDITION CAUSING D 19A. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERAT	ION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF	B. PLACE (Home, farm, in INJURY street, office blooms	factory, 21c. WHERE DID INJURY OCCUR?	(City or town)	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M.	21E INJURY OCCURR While Not while at work	ED 21F. HOW DID INJU	JRY OCCUR?	
22. I hereby certify that M attended th	e deceased from3-	-25 , 19.53, to .7-1	7 , 1955, 1000	DARGE SERVICE CONTROL OF THE CONTROL
SIGNATURE AND SIGNATURE	that death occurred	at 11:32am, from the cappress	auses and on the	date stated above. DATE SIGNED
W OPPLER Chief Profession 23. BURIAL CREMATION, DATE THERE REMOVAL (SPECIFY) 7-17-	nal Services of NAME OF CEM Baltin	M.D. VAH, Perry P ETERY OR CREMATORY Nore National	oint, Md. LOCATION (City, to Baltimore, N	7-18-55 wn, or county) (State
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRE	CTOR	ADDRESS

MARGIN RESERVED FOR BINDING

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE TYPE

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Supply every item of information carefully.

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VS. A15A - 5 - 53

6571				HEALTH—BALT		
MARYLANI) STATE	DEPARTMEN	T OF	HEALTH—BALT	IMORE,	18
DICAL	EXAM	INER'S	CEL	RTIFICATE	OF	DF

() (C = 7()) Reg. Dist.

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CELL MARYLAND	STATE MIG. COUNTY LOL	cil
OH and side nearest town) Town Author Control Council Strain of STAY OH and side nearest town) Town Author Council Strain Str	CITY (If) outside corporate limits write RURAL and OR TOWN Port Defosit Ruse	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED: (First) (Middle) (Type or Print AMUEL CLARENCE	LELLER SEATH Month (Day	3 1955
5. SEX 6. SOLOR OR 7. SIXTLE, MARRIED, 8. DATE WYSOWE DIVORCED 12-	30-1889 65 yrs. Months Da	Ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work life, even if care during most of work life, even if care work life, even is care with the work life, even in the work	arenchesoule Pa	CITIZEN OF WHAT
Havy m. Keller.	24. MOTHER'S MAIDEN NAME:	5
15. WAS DECEASED EVER IN D.S. ARMED FORCES ? (Yes, no, or unk.) (If Yes, give war or dates of service)	Kusell Keller Port Dy	toxit hel
	L CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	0. 0	ONSET AND DEATH
Immediate cause (a)Cerclo fa	scular Renalderland	<i>a</i>
DUE TO	lenoris	
Antecedent cause(s) Diseases or conditions, if any, (b)	Cerous	*
giving rise to the above cause DUE TO		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \(\text{No } \text{ No }
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc., CAUSE OF DEATH.		(State)
2Id. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF While at Not while INJURY M. work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ		
find that death resulted from: Natural causes Accid		
SIGNATURE LEWOCKON	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	7-23-56
23. BURIAL, CREMATION, JOATE THEREOF NAME OF CEMETER REMOVAL (Specify): July 16/5-3-47 of Secure	Mem Port Deposes	+ Ceula Mad
THE REC'D BY LOCAL RAPISTRATES SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

BUREAU V. S.

SS61 22 701

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LOCATION (City, town, or county)

(State)

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Supply every item of information carefully. please write the causes of death clearly and legibly. Physicians: especially important. PLAINLY TYPE OR correct age

MARGIN RESERVED FOR BINDING

007% CERTIFICATI	E OF DEATH Reg. Dist.	No. 90
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
COUNTY Cecil MARYLAND	STATE D.C. COUNTY	
OR and give nearest town Compared to the property Point Compar	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
HOSPITAL OR	STREET (If rural give location)	1 1 -0
STREET ADDRESSETERANS Administration Hospit	ADDRESS	
NAME OF (First) (Middle) DECEASED:		Day) (Year)
(Type or Print) JACOB NMI	KLEIN OF DEATH: July	7 1955
Male 6. COLOR OR 7. SINGLE MARRIED, 8. DATE WIDOWED, DIVORCED, Married Apri	1 24, 1906 9. AGE last birthday Funder 1 24 Months D	EAR IF UNDER 24 HRS. Bys Hours Min.
work done during most of working life. OR INDUSTRY: even if retired) Scene Selector Motion Picture	Pennsylvania U	CITIZEN OF WHAT
FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Harry Klein	Anna Pinsker	
was Deceased Ever In U.S. Armed Forcest 18. Social Security No. 18. Do. or unk.) (If Yes, give war or dates of service) WW II 577-09-6976	Hospital Records, VAH, Perry I	Point, Md.
18. MEDICAL CERTIFICAT	rion	INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Bronchopne	umonia, unresolved	7 days
ANTECEDENT CAUSE (5,	n to right lower lobe	
IVING BISE TO THE ABOVE CALLED	bronchogenic, with localized	unknown
	to the pancreas, spleen, left	
(c) ureter and	vertebra	n e i e e e e
OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
2		YES NO
A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
. I hereby certify that Mattended the deceased from 5-1	3 , 1955, to 7-7, 1955, MANDE COLORE	SCHOOL DESCRIPTION OF STREET
W. OPPLER, Chief, Professional Services		stated above. re signed 7-7-55

NAME OF CEMETERY OR CREMATORY

PLEASE

23. BURIAL, CREMATION.

DATE REC'D

REMOVAL (SPECIFY)

Removal

DATE THEREOF

Prene C. Nougherty



SSGI II JUL



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	,
Ceci/ MARYLAND	STATE M d COUNT	Cecil
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	ve nearest town)
2/OR give nearest town) E/KEO21 (in this place)	OR TOWN E / K to 22	21
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR	ADDRESS 100 EIKton Blvd.	
STREET ADDRESS /OO Elkton Blad.	TOO BING.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) 2 / First	WIS DEATH WILLY	24 185-5
5. SEX 6. COLOR OR RACE 7/SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday of under	1 year If under 24 hrs
Wh. WIDOWED, DIVORCED, (Specify) Married	Oct. 9, 1873 81 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	2. CITTEEN OF WHAT
done during most of working life, even if retired) INDUSTRY	FIXTAN Md	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	- asini
1N'11:2 4 Hushac	Mary L. mcClary	
15. WAS DECRASED EVER IN U.S. ARMED EORCES? 16. SOCIAL SECURITY NO.		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Man Pli	Ixton Blrd.
	Mrs. Elizabeth Patterson EIK	ton, Md
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
444	Eleman	1 don
Immediate cause (a)		1 2 2 3
Antonidant consolo)	0 1	1/0, 1:
Antecedent cause(s) Diseases or conditions, if any, (b) Courte Coac	Telev Renal	10 years
giving rise to the above cause	**************************************	. I to to to to the constitution of the constitution of
stating the underlying cause last		
(c)		V. I.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		1
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
0		Yes D No E
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SHICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
INTOKE TO A WORK TO	7 1/2	
22. I hereby certify that I attended the deceased from	, 1920, to / 24, 1955, that I last a	aw the deceased
7/4		
	m., from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
X.Hebertosotes M.D.	Elklon Md	7/25/5
23. BURIAL/CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or coun	7 7 00
REMOVAL (Specify) T 1 23 18 5		0.0 1
Burial louis 2011031 GIREON C	emetery Elkton	Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 2/ Hollier	Libbin Funeral Home Elkt	071 Md.
	W. K. Lusby	7
V	W. A. ~ ~ 5 by	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. A15

BUREAU V. S.

DECEDVED 2 1925

MARYLAND S	TATE DEPARTMEN	T OF HEALTH-	BALTIMORE, 18	3
6548	CERTIFICAT	E OF DEATH	Reg. D	ist. No. 92
1. PLACE OF DEATH: COUNTY CITY (If outside corporate limits, write OR and give nearest town) TOWN HOSPITAL OR	MARYLAND RURAL LENGTH OF STAY (in this place)	STATE MId	COUNTY CO	Land give nearest town
MINSTITUTION OR 2246	Main St.	ADDRESS 51	Giles St.	on)
3. NAME OF DECEASED: (Type or Print) Chan	telle MAT	(Last)	4. DATE (Month) OF DEATH:	(Day) (Year) 22 1955
A RACE! 4 WIDOV	E, MARRIED, 8. DATE VED, DIVORCED. Cyps.	7 1865 9.A	GE last birthday Months 90 yrs.	Days Hours Mir
OA. USUAL OCCUPATION (Gig Innd of work done during most of working life, even if retired):	OB. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State	te or foreign country): 1	COUNTRY?
13. FATHER'S NAME! Mathe	us	9. Heles	u Safefers	igton
(Yes, no, or unk.) (If Yes, give war or dates of service)		Mrs. Hatherin	DDRESS:	far
DISEASES OR CONDITIONS DIRECTL	18. MEDICAL CERTIFICA Y LEADING TO DEATH (A) MULTIPLE (A)	mferme	tresy Old	ONSET AND DEAT
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Outle	mus clere	~	10-20yr
	(C)			
II OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING	THE			
19a. DATE OF OPERATION: 19B. MAJO	R FINDINGS OF OPERATION	DN .		20. AUTOPSYT
	21B. PLACE (Home, farm, fa OF INJURY street, office bldg		(City or town) (Co	ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRE While Not while at work	D 21F. HOW DID INJ	JRY OCCUR?	
22. I hereby certify that I attended alive on 18 1955, a SIGNATURE	nd that death occurred at	M. D. from the ADDRESS	causes and on the da	te stated above. DATE SIGNED 7/22/55
23. BURIAL, CREMATION, DATE THER REMOVAL (SPECIFY)	NAME OF GENET	TERY OR CREMATORY	LOCATION (City, town	, or county) (Stat

MARGIN RESERVED FOR BINDING

VS.



MARY	LAND	STATE	DEPARTMEN	T OF	HEALTH—BALT	'IMORE,	18
MITTER	AT T	NEZ A BA	COLUMN	COTAT	OMITTAL OF MIXE	OTT	-

MEDICAL EXAMINER'S CER	CTIFICATE OF DEATH No	7/
1. PLACE OF PEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	1
COUNTY CEEL MARYLAND	STATE Oa COUNTY Klilladeft	uce
CITY (If cyloide corporate limits, write RURAL LENGTH OF STAY OR and live nearest town) TOWN (in this live)	CITY (If outside corporate limits write RURAL and give near OR TOWN	est town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 5-4 hr (Brural, give location)	J
3. NAME OF DECEASED: (Middle)	(Last) J. DATE (Month) (Day) (Year OF DEATH 7 /7 19	17
5. SEA: 6 COLOR OR 7. SINGLE, MARRIED, 8. DATE WINDOWED VIVORCES, 2		DER 24 HRS.
10a. USUAL OCCUPATION (Give kind of 10b KIND OF BUSINESS O work done, dering most of work life, even to the kind of INDUSTRY:		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John. moezernials	Cuna hypora	. 1
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: Yes, no, or unk.) (1f Yes, give war or dates of	17. INFORMANT & ADDRESS: - 8541/	ryler.
200 service) 203-26-089	I ala motzernais Philad	eyeya
	CAL CERTIFICATION INTERVAL	BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ND DEATH
Immediate cause (a)	med	
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUT	OPSY?
OL NAMEDNAT CANCE WAS LOLD DIAGRAM		□ No Ø
21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF CAUSE OF DEATH.	al Chesafeaheliticent m.	e) d
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While nt work INJURY 7 /7 55 %. M. While nt work X	Went survey in Can	val
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes [], Acci		
SIGNATURE (SO WORKSON	DEPUTY MEDICAL EXAMINER	SIGNED
000000000000000000000000000000000000000	M. D. ASSISTANT MEDICAL EXAM.	9-55
REMOXAL (Specify):	M. D. ASSISTANT MEDICAL EXAM. RY OR CREMATORY LOCATION (City, town, or county)	9-63 (State)
	RY OR CREMATORY LOCATION (City, town, or county)	(State) Paper

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death-clearly and legibly.

MARGIN RESERVED FOR BINDING

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DEVELVED SEE 1955

BUREAU V. E.

VS. A15

MARYLAND	STATE DEPA	RTMEN	T OF HEAL	TH—BALTIMOI	RE, 18 1) 6	575
6574	CERTIFI	CATE	OF DE	ATH	Reg. Dist. N	10.96
1. PLACE OF DEATH:			2. USUAL RESII	DENCE (HOME) OF D	ECEASED:	
COUNTY Cecil	244 72477		STATE Mar	vland	001111011	Cecil
CITY (If outside corporate limits, write	MARYL.			side corporate limits, wi		
ok and give nearest town)	(in this	place)	OR			
NOSPITAL OR Deposit	Life		STREET		give location)	
INSTITUTION OR		1	ADDRESS		G.	/
OO STREET ADDRESS N orth Ma	in St.		N	orth Main	St.	
3. NAME OF DECEASED: (First)	(Middle)	26	(Last)	4. DATE (Mo	nth) (Day)	(Year)
(Type or Print) OIIII	James	Mor		DEATH: 7	6	19 55
RACE: WIDO	LE, MARRIED, WED, DIVORCED, Proved	_	24,1883	9. AGE last birthday 71 yrs.	Months Days	Hours Min.
10s. USUAL OCCUPATION Give kind of work done during most of working life,	10b. KIND OF BUS	INESS OR	11. BIRTHPLAC	E (State or foreign co	ountry): 12. CIT	IZEN OF WHA
even Hiteman	Power Hous		Marvl		USA	
13. FATHER'S NAME:			14. MOTHER'S MA		- ODI	
James	loran		Bridget		Logan	
15 WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY	No.: 17.	INFORMANT & A	DDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates of service)		Ro	bert Cath	er, Port De	nogit M	a
	18. MEDICAL CER			01, -010 20	posito, in	
1. DISEASES OR CONDITIONS DIRECTLY		ATH	OCO. D.y	s o fail	000	Interval Betwee Onset And Dea
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	D)	mes		to be colos	- <u>'</u> 's	lyr.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing	not					
19a. DATE OF OPERATION: 19b. MAJOR		ERATION				20. AUTOPSY
0						Yes 🗌 No 🗎
21. ACCIDENT (Specify) PLA OF INJU	CE (Home, farm, fact office bldg., etc.) JRY	tory, street,	(CITY OR TO	WN) (COU	ATZ) (YTA	(TE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	While at Not	D	HOW DID INJU	RY OCCUR?		
22. I hereby certify that I attended the		1	1954, to 7	6 , 1955,	that I last sa	w the decease
7-1	that death occurr	-	7.4261-fre	om the causes and o	on the date sta	
23. BURIAL, CREMATION, DATE THERE REDUCTS (Peccify) 7-9-195	A	CEMETER Erin	RY OR CREMATOR		Grace.	
DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR 1955 Kene	S SIGNATURE C. Daugherty		LEE a, 1			ADDRESS

Midres de la company de la com

BUREAU V. E.

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DEALED

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The officers in the line was a line of the line of the

Perryville, M d.

write the causes of death clearly and legibly.

UNFADING INK. Supply every item of information carefully. The correct RGIN RESERVED FOR BINDING

MA	5
1	WITH
-	PLAINLY,
	WRITE
A16	PLEASE

age is especially important. Physicians: please

1. PLACE OF DEATH:	2. USUAL RESIDE	ENCE (HOME) OF DECEASED	0:
COUNTY Cecil MARYLAND	STATE Mary	rland c	OUNTY Cecil
CITY (If outside corporate limits write BURALLI ENGTH OF STAV		le corporate limits, write RURA	
X Town Perry Point (in this place) 5 Yrs	TOWN Per	ry Point	X
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If rural give loca	ation)
street address 1193 Fourth St	ADDRESS	1193 Fourth St	
3. NAME OF DECEASED: (First) Lammey (Middle) Sha	(Last) rkey	4. DATE (Month) OF DEATH: 7	(Day) (Year) 21 19 55
5. SEX: S. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH:	9. AGE last birthday: IF UNDE	R 1 YEAR IF UNDER 24 HRS.
remale White Whitewed 6-21	-1869	86 yrs. Months	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retricusewife Own Home	Pennsylv	(State or foreign country):	12. CITIZEN OF WHAT COUNTRY? USA
3. FATHER'S NAME:	14. MOTHER'S MAI		
John S. Lammey	Elizabeth	Gouldey	
15 WAS DECRASED EVER IN ILS ARMED FORCES ! 16 SOCIAL SECURITY No : 17.	. INFORMANT & AD	DRESS:	
Yes, no or unk.) (If Yes, give war or dates of service)	.W. Rutter	Perry Point	Ma
18. MEDICAL CERTIFICATI			Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	181.	-	Onset And Death
Immediate cause (a)	al ocla	roms	4-Months
DUE TO	8 1		
Antecedent causes (s) Diseases or conditions, if any,	Scheros	~	15UMA
giving rise to the above cause stating the underlying cause last.			
(c)			
I. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not			
related to the disease or condition causing death. 9a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY ?
0			Yes No
I. ACCIDENT (Specify) SUICIDE HOMICIDE (Specify) OF office bldg., etc.)	(CITY OR TOW	N) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work At Work	HOW DID INJUR	Y OCCUR?	BY HE HOLL
110 (1012)	1953 to Me	420 1955, that I l	ast saw the deceased
1 24	- 0 - 4/		
alive on		n the causes and on the di	DATE SIGNED
5.478 mon 10.0.	Box 83	most med	7/21/55
	RY OR CREMATORY		or county) (State)
Buriah (Specify) 7-24-1955 Hopewell		Port Deposit.	Md Rurel
DAME DECEMBER OF FOREST PROPERTY AND ADDRESS OF THE PARTY	24 FUNERAL DIRE	CTOR	ADDRESS
7- 221953 June 2. Sloughesty	tua. Vo	glereout Son	•

BUREAU V. S.

10L 26 1955

BECEINED

. KEL ALLIVE BUT

ADDRESS Colling

6576 CERTIFICATE OF DEATH Reg.	Dist. No. 94
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DEC	EASED:
COUNTY Cecil. MARYLAND STATE Md. COUNTY C	ral.
CITY (If outside corporate limits, write RURAL OR Add give sweets town) the RURAL (In this place) OR TOWN Rural her North Cost	RAL and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS Moth East R.D 2 STREET ADDRESS Moth East R.D 2	cation)
3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) OF DEATH LONG DEATH LONG	(Day) (Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify: Occ 14 18 78 76 yrs.	
OA. USUAL OCCUPATION (Give kind of working life, even if retued): OA. USUAL OCCUPATION (Give kind of OR INDUSTRY: OR INDUSTRY: EVEN TO THE COUNTY OF THE	COUNTRY?
3. FATHER'S NAME:	
B. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	2 -4 0 "
(Yes, no, or unk.) (If Yes, give war or dates of service) 18. Social Security No. (Mrs. Cooling Corrects)	hoth Est me
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443× IMMEDIATE CAUSE (A) Hypertensive Cardio Vascular Disease DUE TO	ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY. (B) Generalized Hyteria sclarosis	5yrs.
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, DR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	(County) (State)
DF INJURY M. 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
22. I hereby certify that I attended the deceased from Jan , 1952 to 19 July, 1955, that	I last saw the decease
alive on 17 July 1955, and that death occurred at 7.9. M, from the causes and on the SIGNATURE	date stated above. DATE SIGNED
Blans H. Justus M.D. North East Pd.	20 July 55
MIMOVAL (SPECIFY) A LAST STATE OF CEMETERY OF CREMATORY CONTRACTORY CONTRACTOR	of courts,

VS. A15 — 10 - 53
PLEASE TYPE OR WRITE F

MARGIN RESERVED FOR BINDING

DECEIVED

BUREAU V. S.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

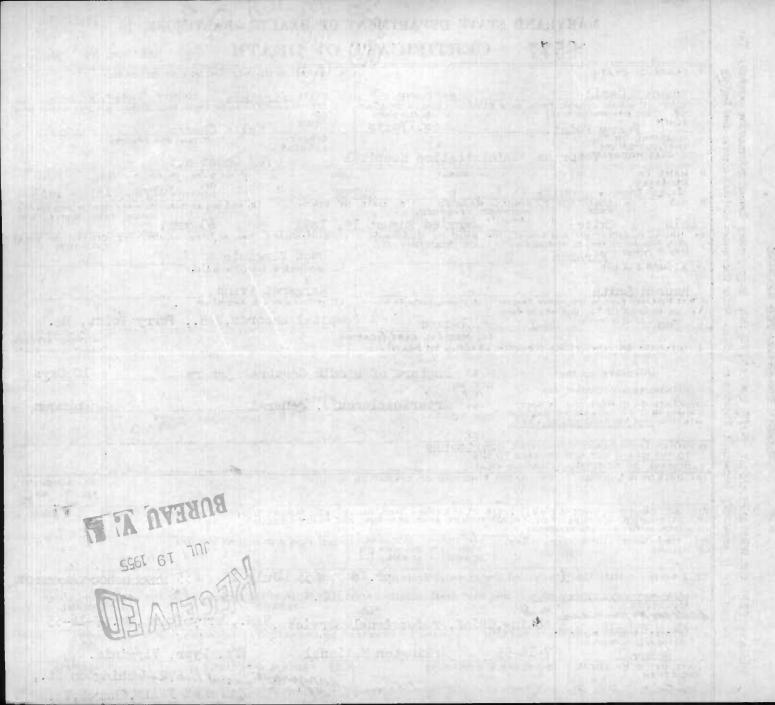
MARYLANI	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	06578
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6577 CERTIFICATE OF DEATH

Reg. Dist. No. 96

HOLE Falls, Church, Va.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
county Cecil Maryland	STATE Winning COUNTY D :	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		12X and give nesrest town)
OR and give nearest town) Town Penny Point (in this place) 2mos.17days	OR	83x-3
HOSPITAL OR ZMOS.1/Qays	STREET (If rural give location	031-0
- INSTITUTION OR	ADDRESS	
SOSTREET ADDRES Veterans Administration Hospit.	709 Chest nut	V
3. NAME OF (First) (Middle) DECEASED:		Day) (Year)
(Type or Print) NTCUART II SM	TTH DEATH: July	15 1955
	OF BIRTH: 9. AGE last birthday IF UNDER 1	
Male White (Specify): Married August	15, 1891 63 yrs Months	Days Hours Min.
IOA, USUAL OCCUPATION (Give kind of) 10m, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life, even if retired): Fireman	West Virginia	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	USA
IS. FAIRER'S NAME;	14. MOTHER'S MAIDEN NAME:	
Reuben Smith	Margaret Evans	
18. WAS DECEASED EVER IN U.S. ARMEO FORCES: 16. SOCIAL SECURITY NO. (Yes, no. or unks) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
Yes of service) WW-T Unknown	Hospital Records, VAH., Perry Po	int, Md.
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
331x		
	Middle Cerebral Artery	10 Days
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY, (B) Arterioscle	rosis, general	Unknown
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N .	
		20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING \(\) 21b. PLACE (Home, farm, fac OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (Cour , etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that Aattended the deceased from Apr. 2	00 10 55 to Tool = 75 10 55 that I land	
SIGNATURE 4.0.	ADDRESS DA	TE SIGNED
WW W HARRIS M D Acting Chief Professions	10 Services, VAH., Perry Point, Md.	7-16-55
23. BURIAL CHEMANON BATE THEREOF NAME OF CEMET REMOVAL (SPECIFY)	TERY OR CREMATORY LOCATION (City, town, o	r county) (State
Removal 7-16-55 Arlington N	2). FUNERAL DIRECTOR HAND Wash	



	MARYLAND STATE DEPA	RTMENT OF HEALTH—BALTIMO	06579 RE. 18
	CFAO		Reg. Dist. No. 92
r legibly.	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF	DECEASED:
20	COUNTY COALL MARYLAN	D STATE UN COUNT	Y Cechl
		OF STAY CITY(If outside corporate limits, write place) OR TOWN	te RURAL and give nearest tow
1 44	HOSPITAL OR INSTITUTION OR STREET ADDRESS Union flowing &	ALON MA STREET ADDRESS R) #3	leton
1	NAME OF (First) (Middle) DECEASED: (Type or Print) T, PAUL	(Last) 4. DATE (MO OF DEATH: /	onth) (Day) (Year) 7
5.	SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Man.	8. DATE OF BIRTH: 9. AGE last birthday 3 -1. 1890. 65 yrs.	Months Days Hours Min
-	USUAL OCCUPATION (Give kind of work done during most of working life, oR INDUSTRY	Wilminedon Sel.	ntry): 12. CITIZEN OF WHA
13.	FATHER'S NAME! Thomas Imith.	14. MOTHER'S MAIDEN NAME:	esh
15. W (Yes	no, or unk.) (If Yes, give war or dates of service) 705-07		Newcastel Del
1	18. MEDICAL C		INTERVAL BETWEE
1	DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	Con pulmonale	ONSET AND DEAT
	ANTECEDENT CAUSE (8)	0.0	20
GIV	SEASES OR CONDITIONS, IF ANY, /ING RISE TO THE ABOVE CAUSE ATING UNDERLYING CAUSE LAST.	Wilmonary for hour.	2- Sylon.
77 /	(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	• /	
1 2	TO THE DEATH BUT NOT RELATED TO THE		
_	DISEASE OR CONDITION CAUSING DEATH	OPERATION	20, AUTOPSY
	-0		YES NO



21A. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. 21c. WHERE DID (City or town) especiall INJURY OCCUR? OR WRITE (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED
While Not while 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY at work L at work age 22. I hereby certify that I attended the deceased from ...

..., 1955, that I last saw the deceased

M, from the causes and on the date stated above.
ADDRESS
DATE SIGNED and that death occurred at 9750 alive on ... SIGNATURF (State)

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Md. 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRARO Elkton Md.

TYPE

ASE

PLE/

correct

NECEDAED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6578	CERTIF	ICATE	OF DEA	ГН R	eg. Dist. N	ro. 96
1. PLACE OF DEATH:			2. USUAL RESID	ENCE (HOME) OF D	ECEASED:	
COUNTY Ceci	l MARVIA	ND	STATE New	Jersey COUNTY	Glow	cester
CITY (If outside corporate lim	MARYLA			corporate limits, write		
Y TOWN and give nearest town)	oint 2mo.	3 days	or Town Sew		67	X.3
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veteral	ns Administratio	n Hospita	STREET ADDRESS R	.D. #3	location)	/
3. NAME OF (First)	(Middle)	(I	ast)	4. DATE (Mont	h) (Day) (Year)
(Type or Print) ANNE	MARY		SNYDER	DEATH: JU	ly 26	1955
5. SEX: 6. COLOR OR 7 RACE: White	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced	8. DATE 0		9. AGE last birthday 1		IF UNDER 24 HRS.
IOA. USUAL OCCUPATION (Give k	ind of 10s. KIND OF B	USINESS	II. BIRTHPLACE	State or foreign countr	CO	UNTRY?
Housek	eeper Overse	er	Pennsylvar		USA	
13. FATHER'S NAME:			14. MOTHER'S M			
James J	. McCaffrey			Richards		
IS. WAR DECEASED EVER IN U.S. ARME		URITY NO.	17. INFORMANT			
(Yes, no, or unk.) (If Yes, give was	W II 164 18	9693	Hospital Re	cords, VAH, P	erry Po	int, Md.
I DISEASES OR CONDITIONS	18. MEDICAL O		ON		IN OI	TERVAL BETWEEN
550.1	Danie		A			
IMMEDIATE CAUSE			que to extr	avasated cont	ents 7	to 10 days
ANTECEDENT CAUSE (S)		viscera				
DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE C STATING UNDERLYING CAUSE	AUSE DUE TO FOR	endiciti: mation a	s chronic re	current with f terminal il	abscess ium	unknown
3,000	(C)					
II OTHER SIGNIFICANT CONDI TO THE DEATH BUT NOT REL DISEASE OR CONDITION CA	ATED TO THE					
	MAJOR FINDINGS OF	OPERATION				20 4117070211
						YES NO
21A. ACCIDENT WAS UNDERLY!! OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH OF INJURY street	e, farm, facto c, office bldg., e	tc. 21c. WHERE I	Clty or town)	(County)	(State)
21D. TIME (Month) (Day) (Year) OF INJURY VA	While N	OCCURRED ot while t work	21F. HOW DID	NJURY OCCUR?		
22. I hereby certify that Kat	tended the deceased fr	om 5-23	, 1955 to7	-26 , 19.55 tW	a Paga Paga	WORF GEERSE
SIGNATURE TO SIGNATURE	COCCAnd that death o	ccurred at L	:15PM, from t			ted above.
W. OPPLER Chief J	Professional Ser	vices M.	D. VAH, Per	ry Point, Md.	7-	28-55
23. BURIAL, CREMATION, DA	TE THEREOF NAME	OF CEMETER	Y OR CREMATORY	LOCATION (City,	town, or co	unty) (State)
REMOVAL (SPECIFY) Removal	7-28-55	Friend	ship	Elmer, Ne	w Jerse	V
DATE REC'D BY LOCAL RE	GISTRAR'S SIGNATURE	1.1-	24. FUNERAL E		-	DDRESS

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WRITE PLAINLY, WITH UNFADING INK.

OR

PLEASE TYPE

The

Supply every item of information carefully.

M

VS. A15 — 10 - 53

BUREAU V. S.

And the tall the transfer of the second to t

MEN GOLD OF STREET

HITTO OFFICE STATE OF THE STATE

DESCRIPTION OF THE PROPERTY OF

SGGI I DUA

BECEINED

ANGEL OF STREET, STREE

bbin Funeral Home

Elkton Md

REGISTRAR

ulleg

BUREAU V. S.

SSGI & DNY

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEET

0551 CERTIFICATI	E OF DEAT	H Reg. D	Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDEN	NCE (HOME) OF DECEA	SED:
COUNTY (IN) MARYLAND	STATE MA	COUNTY	eciL
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		orporate limits, write RURA	L and give nearest town
OR and give nearest town) (in this place)	OR		
2 TOWN ELKTON 6 days	- FA	(If rural give locate	N. X
HOSPITAL OR ANSTITUTION OR	STREET	(If rural give locati	ion)
5 STREET ADDRESS UNION Honeiral Blacker My			
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: 1/2 E TOE	TTEN	OF DEATH: 7	6 1955
(Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 19	AGE last birthday IF UNDE	
RACE: WIDOWED, DIVORCED,	04 -60	Months	
(Specify): W.	24.78	/ yrs.	
IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	II. BIRTHPLACE (S	tate or foreign country):	
work done during most of working life, even if retired):	NEW	Vanu	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAI	DEN NAME	<i>u</i>
13. FAIRER S NAME:	11		
Unknown	unno	wn	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:	1
(Yes, no, or unk.) (If Yes, give war or dates of service)	no Ethel as	Stall Dear	Nouse nel
Later 1VO	VICO. COVICE C	Tace, strong	asorp, pro-
18. MEDICAL CERTIFICAT	rion	0	ONSET AND DEATH
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
MMEDIATE CAUSE (A)	and hand the	and a	71
MMEDIATE CAUSE (A) DUE TO	m engruan	MA L	- aays
ANTECEDENT CAUSE (S)			17
DISEASES OR CONDITIONS, IF ANY. (B)	lesetie Care	onta	le /1
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(c) (n)	ania		1-2mm
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	7774		- a pay
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATIO	N		
19A. DATE OF OPERATION: 19B. MAJOR PHOTOGS OF OPERATIO			YES NO TO
			1 123 LI NO X
21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fac	ctory, 21c. WHERE DI		ounty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	, etc. INJURY OCCUR	7	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F. HOW DID IN	JURY OCCUR?	
OF INJURY While Not while			
M. at work at work			
22. I hereby certify that I attended the deceased from 7. /.	55, 19 to 7.	6, 1955, that I	last saw the decease
alive on	0451 M from the	unuses and on the de	to stated above
SIGNATURE	ADDRESS	causes and on the da	DATE SIGNED
SIGNATURE (//	301		71.55
Tern yayulu	H. D.	LOCATION (City, town	or county) (State
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERT OR CREMATORY	LACATION (City, towi	i, or country Courte
	1 -6	000	11 (1
Buriel Huy 8. 1953 - Xalena	Cenaters	Gelena, Ke	nt Co. Ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Cenatery 24. FUNERAL, DI	Gelena, Ke	ent Co. MA
	Cenatery	Gelena, Ke	nt Co. Mrs

VS. A15

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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RECEIVED

BUREAU V. S.

10 IS 1822

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEAS	ED:
COUNTY Cecil	MARYLAND	STATE W. V	a, county Up	shur
CITY (If outside corporate limits, write	RURAL LENGTH OF STAY	CITY(If outside co	orporate limits, write RURAL	
X TOWN Fredricktown	3 months	OR TOWN	French Creek	85 X . 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give location	on)
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Festus	Ralph	Toung	OF DEATH: 7	I4 1955
. SEX: 6. COLOR OR 7. SINGLE	E, MARRIED. 8. DATE VED, DIVORCED.	of BIRTH: 9	AGE last birthday IF UNDER Months Months	Days Hours Min
NA. USUAL OCCUPATION (Give kind of work done during most of working life.	OB. KIND OF BUSINESS OR INDUSTRY: OWN Tarm		tate or foreign country): 11	U,S.A.
3. FATHER'S NAME:		14. MOTHER'S MA	DEN NAME:	
Richard P. Young		Leannah	P. Simmons	
Was Deceased Ever in U.S. Armeo Forces: Yes, no, or unk.) (If Yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	Grace You	ADDRESS: .ng. French Cre	ek W. Va.
	18. MEDICAL CERTIFICAT			INTERVAL BETWEE
DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	,		ONSET AND DEAT
33/X	(A) Cerebra	» - Vascula	· Accident	1 wech
ANTECEDENT CAUSE (S)	n /- 10	en/ 200	p 1/1/2	20/ 1100
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO	5 Clensis	Cevegra Ves	se years
II OTHER SIGNIFICANT CONDITIONS C	(C)			
TO THE DEATH BUT NOT RELATED TO	THE			
DISEASE OR CONDITION CAUSING I	R FINDINGS OF OPERATION	N		20 411707676
0				YES NO
	IB. PLACE (Home, farm, factors of INJURY street, office bldg.,			unty) (State)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
OR CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTIO	21E INJURY OCCURRED While Not while at work	21F. HOW DID IN	JURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH C (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED While Not while at work at work			st saw the decease
OR CONTRIBUTING CAUSE OF DEATH CORRECTION OF COMMENTAL CONTROL	21E INJURY OCCURRED While Not while at work at work	9., 19.55, to Usa.	causes and on the dat	
OR CONTRIBUTING CAUSE OF DEATH CORP (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 22. I hereby certify that I attended to alive on	21E INJURY OCCURRED While Not while at work the deceased from the deceased from that death occurred at	19., 19.55, to Ja. /0 30 M, from the	causes and on the dat	e stated above. ATE SIGNED

VS. A15 — 10 - 53

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